

MARA FLAMM V. SARNER & ASSOCIATES, P.C., ET AL.

**MOTION OF ATTORNEY DEFENDANTS TO DISMISS PLAINTIFF'S
COMPLAINT PURSUANT TO RULES 12(b)(1) AND 12(b)(6)**

DEFENDANTS' EXHIBIT 5

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION											
COMPLETE THIS SECTION ON DELIVERY											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>A. Signature </p> <p>B. Received by (Printed Name)</p> </td> <td style="width: 25%; vertical-align: top;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> </td> <td style="width: 25%; vertical-align: top;"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> </td> <td style="width: 25%; vertical-align: top;"> <p>1. Article Addressed to: <i>Marie Flannan Revere College 1420 Pine St Phila PA 19102-1186</i></p> <p>2. Article Number (Transfer from service label) 2215638735</p> </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> </td> <td style="text-align: center;"> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> </td> </tr> </table>				<p>A. Signature </p> <p>B. Received by (Printed Name)</p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	<p>1. Article Addressed to: <i>Marie Flannan Revere College 1420 Pine St Phila PA 19102-1186</i></p> <p>2. Article Number (Transfer from service label) 2215638735</p>			<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509											